INCOME YEAR

California S Corporation Franchise or Income Tax Return

FORM

100\$

| 18                         | 90   | ) Franchise  | or income Ta                   | ax Retu       | urn                      |                                     |   |                  | 1  | 1005                                   |
|----------------------------|--|--|--------------------------------|---------------|--------------------------|-------------------------------------|---|------------------|--|--|
| -                          |  |  | MONTH DAY                      | YEAR          |                          |                                     | MONTH   | DAY              | YE   | EAR                                    |
| For ir                     | ncom   | e year beginning   |                                | 1990          | , and e                  | nding                               |   |                  |  |  |
|                            |  | Affix Preaddr  |                                |               | B Did this               | S corporation,                      | in whole or in part,                          | determ           | nine its income pu                           | irsuant to a                           |
| Californ                   | California corporation number Federal employer identification number |  |                                | ion number    | water's-e                | dge election?                       | If yes, attach Form and its related entiti    | 100-W            | Ε● □\  | Yes □No                                |
| Corporation name           |  |  |                                |               | sales in f               | oreign countri                      | es that exceeds \$10                          | ,000,0           | 00; or 2) total as                           | sets every-                            |
| Address                    |  |  |                                | 914.          | D Did this               | S corporation I                     | have a change in co                           | ntrol o          | r ownership,                                 |  |
| City State ZIP code        |  |  |                                |               | (Do not I                | eave blank) .                       | ity code. (Do not le                          |                  | • □١   |  |
| A Fina                     | l return   | See instructions.  Dissolved Surrendered tion 338 sale If a box is check   |                                |               | F Check he<br>G Check he | re if claiming or<br>re if claiming | enterprise zone or pr<br>technological proper | ogram<br>ty cont | area tax benefits:<br>ribution tax benef     | :● □                                   |
|                            | 10 000   | THOIR DOG SELECT II & DOX 15 CHOCK   | Rod, offici date               |               | The Date mile            | iiporatos                           |   |                  | Questions continue                           | e on Side 2                            |
|                            | 1 0  | 1 Ordinary income (loss) from trade or business activities from federal Form 1120S, line 21. Attach federal Form 1120S |                                |               |                          |                                     |   | T "              |  | $\top$                                 |
|                            |  | age 1, and supporting schedu   |                                |               |                          |                                     |   | ۱ ۱              |  |  |
|                            |  | 2 Foreign or domestic tax based on income or profits and California franchise or income tax deducted                   |                                |               |                          |                                     |   |                  |  |  |
|                            |  | 3 Interest on government obligations   |                                |               |                          |                                     |   |                  |  |  |
|                            |  |  |                                | ach Schedule  |                          |                                     |   | 4                |  |  |
|                            |  | 4 Net capital gain from Schedule D (100S), Section B. Attach Schedule D (100S)   |                                |               |                          |                                     |   | 5                |  |  |
| State                      |  | 6 Amortization adjustment. Attach Schedule B (100S)  |                                |               |                          |                                     |   | 6                |  |  |
| Adjust-                    |  | 7 Portfolio income   |                                |               |                          |                                     |   | 7                |  | $\neg$                                 |
| ments                      |  | Other additions. Attach sched  |                                |               |                          |                                     |   | 8                |  |  |
|                            |  | otal. Add lines 1 through 8.   | ` '                            |               |                          |                                     |   | 9                |  |  |
|                            |  | Deductible dividends. Attach   |                                |               |                          |                                     |   |                  |  |  |
|                            | ,  | Nater's-edge dividend deducti  |                                |               | -                        |                                     |   |                  |  |  |
|                            |  | 2 Contributions. See instructions  |                                |               |                          |                                     |   |                  |  |  |
|                            |  | 3 Net interest deduction for enterprize zone/program area investment   |                                |               |                          |                                     |   |                  |  |  |
|                            |  | 4 Other deductions. Attach schedule(s)   |                                |               |                          |                                     |   |                  |  |  |
|                            |  | Total. Add lines 10 through 14   |                                |               |                          |                                     |   | 15               |  |  |
|                            |  | 6 Net income (loss) after state adjustments. Subtract line 15 from line 9  |                                |               |                          |                                     |   | 16               |  |  |
|                            | come   | e is derived from Californ   | nia sources, transfer the      | amount from   | m line 16 to             | line 17. If i                       | ncome is derive                               |                  |  | oth within                             |
| and 0                      |  | e of California, complete  |                                |               |                          |                                     |   | $\overline{}$    | below.                                       |  |
| Calif.                     | 1/ 1   | Net income (loss) for state pu   | urposes. It net loss, see inst | ructions      |                          | •••                                 | <del>•</del>                                  | 17               |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Nat                        |  | R&TC Section 23802(e) deduction  |                                |               |                          |                                     | <del></del>                                   |                  |  |  |
| Income                     |  | Net operating loss carryover of  |                                |               | _                        |                                     |   | ////             |  |  |
|                            |  | Net income for tax purposes.   |                                |               |                          |                                     |   | +                |  |  |
| <b>-</b>                   | ı  | fax% x line 20 (n  |                                |               |                          |                                     |   | 21               |  |  |
|                            | ľ  | fax credits. See instructions.   | , ,                            |               | _                        |                                     |   | 7///             | <i>                                     </i> | <u> </u>                               |
| Taxes                      | I  | Balance. Subtract line 22 fr   | •                              |               |                          |                                     | ·····   | 23               |  | mmm                                    |
|                            | ı  | Tax from Schedule D (100S).  |                                |               |                          |                                     |   |                  |  |  |
|                            | ı  | Excess net passive income ta   |                                |               | _                        |                                     |   | ////             |  |  |
| Pay-<br>ments              |  | Fotal tax. Add lines 23 throi  |                                |               |                          | 278                                 | · · · · · · · · · · · · · · · · · · ·         | 26               |  | milimi                                 |
|                            | I  | Overpayment from prior yes   |                                |               | - F                      |                                     |   | <i>\\\\\</i>     |  |  |
|                            | ı  | 1990 estimated tax paymen  |                                |               | -                        |                                     |   | <b>V</b> ////    |  |  |
|                            | ı  | Amount paid with applicati   |                                |               | -                        |                                     |   | 7///             |  |  |
| Amount<br>Due or<br>Refund |  | Dissolving/Withdrawing (not a  |                                |               |                          | 27d                                 | - 22  | 27               |  |  |
|                            |  | Fax due. Subtract line 27 from   | =                              |               | •                        |                                     |   | 28               | <del></del>                                  | -+-                                    |
|                            | 50 4   | Overpayment. Subtract lin<br>Amount of line 29 to be credi   | ited to 1001 mile 27           |               |                          | 20                                  | · · · · · · · · · · · · · · · · · · ·         | 29               |  | mmm.                                   |
|                            | 1  |  |                                |               | -                        |                                     |   | ////             | //////////////////////////////////////       | <u> </u>                               |
|                            |  | Amount of line 29 to be refur<br>Penalties and interest. See Ge  |                                |               |                          |                                     | · · · · · · · · · · · · · · · · · · ·         | 31               |  | 7///////////////////////////////////// |
|                            |  |  |                                |               | _                        |                                     | form ETD 5000                                 |                  |  |  |
|                            | 1  | Check box if estimate pe   | •                              | •             | -                        |                                     |   | 7///             |  |  |
|                            | ו עני  | Total amount due. Add lin  | ie 20 anu file 32. Pay (NIS    | amount with t | ais return               |                                     |   | 33               | <u> </u>                                     |  |

| Sche   | du  | le F Computation of Trade or Business Incom  | e See Ger                 | neral Instruct                              | on C.         |                   |           |               |                    |  |
|--------|---|--|---------------------------|---|---------------|-------------------|-----------|---------------|--------------------|--|
|        |   | Gross receipts or sales b Less receipts or sales b   |                           |   |               | Ba                | lance >   | 10            |                    |  |
| Income |   | Cost of goods sold   |                           |   |               |                   |           | 2             |                    |  |
|        |   | Gross profit. Subtract line 2 from line 1c   |                           |   |               |                   |           |               |                    |  |
|        | 4   | Net gain (loss)  |                           |   |               |                   |           | 4             |                    |  |
|        | 5   | Other income. Attach schedule  |                           |   |               |                   |           | 5             |                    |  |
|        | 6   | Total income (loss). Combine lines 3 through 5   |                           |   |               | <u></u>           | ▶         | 6             |                    |  |
|        |   | Compensation of officers. See instructions. Attach sched   |                           |   |               |                   |           | 7             |                    |  |
|        | 8   | Salaries and wages   |                           | <i></i>                                     |               |                   |           | 8             |                    |  |
|        | 9   | Repairs  |                           |   |               |                   |           | 9             |                    |  |
|        | 10  | Bad debts  |                           |   |               |                   |           | 10            |                    |  |
|        | 11  | Rents  |                           |   |               |                   |           | 11            |                    |  |
|        |   | Taxes  |                           |   |               |                   |           |               |                    |  |
| Oeduc- | 13  | Interest   |                           |   | <u></u>       |                   |           | 13            |                    |  |
| tions  | 14  | a Depreciation   |                           |   |               |                   |           |               |                    |  |
|        |   | <b>b</b> Depreciation reported on cost of goods sold schedule and  |                           |   | -             |                   |           |               |                    | <u>/////////////////////////////////////</u> |
|        |   | c Subtract line 14b from line 14a  | • • • • • • •             |   |               |                   |           | 14c           |                    |  |
|        |   | Depletion  |                           |   |               |                   |           |               |                    |  |
|        | 16  | Advertising  |                           |   |               |                   |           | -             |                    |  |
|        | 17  | Pension, profit-sharing, etc. plans  |                           |   |               |                   |           |               |                    | <del></del>                                  |
|        | 18  | Employee benefit programs  |                           |   |               |                   |           |               |                    |  |
|        | 19  | Other deductions. Attach schedule  |                           |   |               |                   |           |               |                    |  |
|        | 20  | Total deductions. Add lines 7 through 19   |                           |   |               |                   | ▶         | 20            |                    |  |
|        | 21  | Ordinary income (loss) from trade or business activities.  |                           |   |               |                   |           | l             |                    |  |
| 0-1    | -   | Side 1, line 1   |                           | <u></u>                                     | • • • • • • • |                   |           | 21            |                    |  |
|        |   | le V Cost of Goods Sold  |                           |   |               |                   |           | т.            |                    |  |
|        |   | ory at beginning of year   |                           |   |               |                   |           | 1             |                    | $\overline{}$                                |
|        |   | ISSS   |                           |   |               |                   |           | <del></del>   |                    |  |
|        |   | of labor   |                           |   |               |                   |           | $\overline{}$ |                    |  |
|        |   | itional IRC Section 263A costs. Attach schedule er costs. Attach schedule  |                           |   |               |                   |           | 48            |                    | <del></del>                                  |
|        |   |  |                           |   |               |                   |           | 4b            |                    | +  |
|        |   | I. Add lines 1 through 4b  |                           |   |               |                   |           |               |                    | <del></del>                                  |
|        |   | entory at end of year  |                           |   |               |                   |           |               |                    | <del></del>                                  |
|        |   |  | • • • • • • •             |   | • • • • • •   |                   | • • • • • | 7             |                    |  |
|        |   | inventory valuation >  | tition and                |   |               |                   | lasina in |               | .2 🗆 🗆             |  |
|        |   | any substantial change in the manner of determining quan<br>tach an explanation. Enter California seller's permit numbe  |                           |   | is detweer    | n opening and c   | losing in | ventor        | // ⊔ Yes           | ; L N  |
|        |   | e LIFO inventory method was adopted this income year fo  |                           |   | d attach f    | inderal Form 070  | `         |               |                    |  |
|        |   | inventory method was used for this income year, enter p  |                           |   |               |                   |           |               |                    | ∟  |
|        |   | s of IRC Section 263A (with respect to property produced   |                           |   |               |                   |           |               |                    | - □ N  |
| Ques   |   |  | or acquire                | ou lui lesale)                              | αρρίγ το      | the corporation:  |           |               | Tes                | <u>, N</u>                                   |
|        |   | turn? Check appropriate box(es).   |                           | L Effective                                 | date of f     | ederal S election | n·        |               |                    |  |
|        | rst Return? Check appropriate box(es).    New business or successor to previously existing business operated as a:   M Effective date of California S election: |  |                           |   |               |                   |           |               |                    |  |
|        |   | proprietorship  partnership  ipint venture  corporation  | N Accounting method used: |   |               |                   |           |               |                    |  |
|        |   | statement showing name, address and FEIN of previous t   | 1                         | O Location of principal accounting records: |               |                   |           |               |                    |  |
|        |   | siness began in California or date income was first derive   | 1                         | -   | s" name:      |                   |           |               |                    |  |
|        |   | ia sources:  |                           | 1   |               |                   | ms (fede  | ral Fo        | m 1099) been file  | ed with                                      |
| K Has  | the   | rnia sources: Q Have all required information returns (1 the IRS redetermined your income tax liability for any prior year(s) the Franchise Tax Board?   |                           |   |               |                   |           |               |                    |  |
| whi    | ch h  | has not previously been reported to California? \(\sigma\) Yes \(\sigma\) No \(\mathbb{R}\) S corporation is: \(\sigma\) Apportioning U.S. income  |                           |   |               |                   |           |               |                    |  |
| lf y   | es, i   | , furnish a copy of the Revenue Agent's Report under separate cover. Apportioning worldwide income to California   |                           |   |               |                   |           |               |                    | ome  |
|        |   |  |                           |   |               |                   |           |               |                    |  |
| Please |   | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to ti it is true, correct and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer |                           |   |               |                   |           |               | st of my knowledge | and belie                                    |
| Sign   |   | •  | are t                     |   | 1             |                   | יייייין   | ,a. 01 11     | as any knowledge.  |  |
| Here   |   | Signature of officer   | Tiele                     |   | Deta          |                   | Tala      | <b>.</b>      | ,                  |  |
|        |   |  | Title                     |   | Date          |                   |           | hone (        | )                  |  |
| Paid   |   | Preparer's signature   |                           |   | Date          | Check i           |           |               | arer's SSN/FEIN    |  |
| Prepar | er's  | Firm's name (or yours,   |                           |   |               |                   |           |               |                    |  |
| Use O  |   | if self-employed)  |                           |   |               |                   | FEIN >    |               |                    |  |
|        |   | and address  |                           |   |               |                   | Telephon  | e ▶ (         | )                  |  |